



TRANSMITTAL FORM

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Filing Date	February 4, 2002
First Named Inventor	Gellman
Group Art Unit	3732
Examiner Name	Not Yet Assigned
Attorney Docket No.	BSC-204
Patent No.	Not applicable
Issue Date	Not applicable

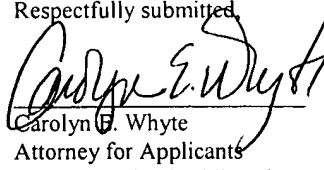
ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement (2 pgs) <input checked="" type="checkbox"/> Form PTO-1449 (8 pgs) <input checked="" type="checkbox"/> Copies of IDS Citations (A134-A299, B1-B19, and C2-C11)	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
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	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
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	<input type="checkbox"/> Amendment After Allowance	
	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	

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PATENT
Attorney Docket No. BSC-204

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Gellman et al. CONFIRMATION NO.: 6275
SERIAL NO.: 10/067,488 GROUP NO.: 3732
FILING DATE: February 4, 2002 EXAMINER: Not Yet Assigned
TITLE: RESISTANCE HEATED TISSUE MORCELLATION

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 3rd day of March, 2004.


Sandra Allen

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith is/are:

1. Transmittal Form (1 pg);
2. Associate Power of Attorney (1 pg);
3. Supplemental Information Disclosure Statement (2 pgs);
4. Form PTO – 1449 (8 pgs);
5. Copies of Cited References A134-A299, B1-B19, and C2-C11; and a
6. Return Receipt Postcard.

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